Adult Mental Health
Workgroup Report Summary

Source: Adult Mental Health Workgroup / DHS
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Charge

The Adult Mental Health Workgroup was tasked with redesigning the adult mental health system in a way that delivers core services and other supports, that promote patient centeredness, cost-effectiveness, uniformity, accessibility, and best practice approaches and achieves the individual and/or family member's desired outcomes. The workgroup also focused on creating a system with the expectation that individuals will present with co-occurring disorders including mental health, intellectual disability, brain injury, and substance abuse.

Multi-Occurring Disabilities / Co-Occurring Disabilities

All core services should be capable of working effectively with people who have co-occurring disabilities and those with more specialized needs such as older adults.

Eligibility

- Persons receiving adult mental health services must be at least 18 years of age, be a resident of Iowa and have had at any time during the past year a diagnosable disorder.
- An individual must have an income of equal to or less than 150% of Federal Poverty Level (FPL). In 2014, pursuant to the implementation of Patient Protection and Affordable Care Act, expand eligibility to 200% FPL.
- Co-payment and sliding fee scales are acceptable as long as there is the ability for the provider to waive the co-pay and adjust the sliding fee depending on individual circumstances.
- Adopt a standardized functional assessment tool.

Core Services

- Core service domains should include acute care & crisis intervention services, recovery supports, mental health treatment, mental health prevention, community living, employment, family supports, health and primary care services, and justice involved services.

- The system should move toward the availability of statewide evidence-based practices within each core service domain.
- Peer run self help centers should be a service resource.
- Crisis services including a 24/7/365 crisis hotline, mobile response, 23-hour crisis observation, evaluation, holding and stabilization and crisis residential should be available in each region.
- A range of sub-acute residential services should be available in each region as both a step-down and inpatient diversionary service.
- Each county within a region should have access to a jail diversion program such as a Crisis Intervention Team (CIT).
- Each region should have at least one Assertive Community Treatment (ACT) team that can serve both Medicaid and non-Medicaid eligible individuals.
- The Department of Human Services should blend community support, supportive community living, and case management services into a single service that provides recovery-oriented support.
- Each region should have at least one health home system.
- Each region should establish supported employment and supported education programs.
- Regions should create mechanisms for family support services.

Outcome and Performance Measures

- Outcomes should be measured across core service domains.
- Establish an Outcome and Performances Committee.
- Tie data collection to outcomes.
- Ensure sufficient DHS staffing to monitor outcomes and system effectiveness.
- Create singular repository at the state level for all data that is shared.
- Connect Electronic Health Records to the Iowa Health Information Network currently under development.

Provider Qualifications and Monitoring

- Department of Human Services (DHS), Department of Public Health (IDPH) and Department of Inspections and Appeals (DIA) should establish a process to streamline accreditation, certification and licensing standards.
- DHS and IDPH should continue efforts to reduce licensure and inspection requirements.
- DHS and DIA should jointly review the standards and inspection process for Residential Care Facilities.
- Increase the number of staff dedicated to provider oversight.

Workforce Development

- Create a standing Mental Health and Disability Workforce Development Group.
- Develop a peer workforce.